

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-11-05</u>		2 Serial/Patent # <u>10/520017</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
		<input checked="" type="checkbox"/> Filing			\$ 1110
		<input type="checkbox"/> Amendment			\$
		<input type="checkbox"/> Extension of Time			\$
		<input type="checkbox"/> Notice of Appeal/Appeal			\$
		<input type="checkbox"/> Petition			\$
		<input type="checkbox"/> Issue			\$
		<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
		<input type="checkbox"/> Maintenance			\$
		<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$		
		7 TOTAL AMOUNT OF REFUND		\$ 1110.00	
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
		<input checked="" type="checkbox"/> Credit Deposit A/C #:			
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 0 -- 2 8 6 6 </div>			
<input type="checkbox"/> Duplicate Payment					
<input type="checkbox"/> No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>John Anderson</u>			TITLE: <u>Paralegal Specialist</u>		
SIGNATURE: <u>[Signature]</u>			PHONE: <u>308-9140 ext 211</u>		
OFFICE: <u>PCT DO/EO</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____			DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: